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# NOTICE OF ALLOWANCE AND FEE(S) DUE

31561

7590

10/03/2006

JIANQ CHYUN INTELLECTUAL PROPERTY OFFICE 7 FLOOR-1, NO. 100 ROOSEVELT ROAD, SECTION 2 TAIPEI, 100 TAIWAN EXAMINER

HARRISON, MONICA D

ART UNIT PAPER NUMBER

2813

DATE MAILED: 10/03/2006

| APPLICATION NO. |            | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |
|-----------------|------------|-------------|----------------------|---------------------|------------------|--|
|                 | 10/711.536 | 09/24/2004  | Min-Chih Hsuan       | 13301-US-PA         | 5535             |  |

TITLE OF INVENTION: METHOD FOR MANUFACTURING WAFER LEVEL CHIP SCALE PACKAGE STRUCTURE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700           | 01/03/2007 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

| INSTRUCTIONS: This<br>appropriate. All further<br>indicated unless corrected<br>maintenance fee notificated         | ed below or directed oth                                                                                                                                                        | for transmitting the ISSU in the Patent, advance of the Patent, advance of the the Patent I, by (a            | JE FEE and PUBLICAT: rders and notification of r a) specifying a new corres                                                                                                                                                                                                    | ION FEE (if requirements of the contract of th | red). Bloc<br>ill be mai<br>and/or (b)             | ks 1 through 5 sh<br>led to the current of<br>indicating a separ                                 | ould be completed where<br>correspondence address as<br>rate "FEE ADDRESS" for                                                        |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                     |                                                                                                                                                                                 | ock 1 for any change of address)                                                                              | Fee pap                                                                                                                                                                                                                                                                        | e: A certificate of r<br>(s) Transmittal. This<br>ers. Each additional<br>e its own certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s certificat<br>paper, su                          | e cannot be used fo<br>ch as an assignmer                                                        | domestic mailings of the or any other accompanying at or formal drawing, must                                                         |
| 7 FLOOR-1, NO<br>ROOSEVELT R                                                                                        | N INTELLECTU                                                                                                                                                                    | <sup>/2006</sup><br>AL PROPERTY C                                                                             |                                                                                                                                                                                                                                                                                | Cert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tificate of                                        | Mailing or Transs                                                                                | nission deposited with the United t class mail in an envelope above, or being facsimile te indicated below.                           |
| TAIPEI, 100<br>TAIWAN                                                                                               |                                                                                                                                                                                 |                                                                                                               |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                                  | (Depositor's name)                                                                                                                    |
| 1711 W/111                                                                                                          |                                                                                                                                                                                 |                                                                                                               |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                                  | (Signature)                                                                                                                           |
|                                                                                                                     |                                                                                                                                                                                 |                                                                                                               | L.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                                  | (Date)                                                                                                                                |
| APPLICATION NO.                                                                                                     | FILING DATE                                                                                                                                                                     |                                                                                                               | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATTORNI                                            | EY DOCKET NO.                                                                                    | CONFIRMATION NO.                                                                                                                      |
| 10/711,536<br>TITLE OF INVENTION                                                                                    | 09/24/2004<br>: METHOD FOR MAN                                                                                                                                                  | UFACTURING WAFER                                                                                              | Min-Chih Hsuan<br>LEVEL CHIP SCALE PA                                                                                                                                                                                                                                          | ACKAGE STRUCT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    | 01-US-PA                                                                                         | 5535                                                                                                                                  |
| APPLN. TYPE                                                                                                         | SMALL ENTITY                                                                                                                                                                    | ISSUE FEE DUE                                                                                                 | PUBLICATION FEE DUE                                                                                                                                                                                                                                                            | PREV. PAID ISSUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FEE T                                              | OTAL FEE(S) DUE                                                                                  | DATE DUE                                                                                                                              |
| nonprovisional                                                                                                      | NO                                                                                                                                                                              | \$1400                                                                                                        | \$300                                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    | \$1700                                                                                           | 01/03/2007                                                                                                                            |
| EXAM                                                                                                                | INER                                                                                                                                                                            | ART UNIT                                                                                                      | CLASS-SUBCLASS                                                                                                                                                                                                                                                                 | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                  |                                                                                                                                       |
| HARRISON,                                                                                                           | MONICA D                                                                                                                                                                        | 2813                                                                                                          | 257-734000                                                                                                                                                                                                                                                                     | J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                  |                                                                                                                                       |
| Address form PTO/SI  "Fee Address" ind PTO/SB/47; Rev 03-( Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Uni | ondence address (or Cha<br>3/122) attached.<br>ication (or "Fee Address<br>12 or more recent) attach<br>ND RESIDENCE DATA<br>less an assignee is ident<br>h in 37 CFR 3.11. Com | "Indication form<br>ned. Use of a Customer  A TO BE PRINTED ON                                                | 2. For printing on the p  (1) the names of up to or agents OR, alternati  (2) the name of a sing registered attorney or 2 registered patent atto listed, no name will be THE PATENT (print or ty data will appear on the p of a substitute for filing an (B) RESIDENCE: (CITY) | o 3 registered patentively, le firm (having as a agent) and the name or agents. If a printed.  pe) patent. If an assigner assignment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | member a<br>es of up to<br>no name is              | 2                                                                                                | ocument has been filed for                                                                                                            |
| Please check the appropr                                                                                            | iate assignee category or                                                                                                                                                       | r categories (will not be p                                                                                   | rinted on the patent) :                                                                                                                                                                                                                                                        | Individual Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | orporation                                         | or other private gro                                                                             | oup entity Government                                                                                                                 |
|                                                                                                                     | are submitted: No small entity discount   # of Copies                                                                                                                           | permitted)                                                                                                    | b. Payment of Fee(s): (Ple A check is enclosed. Payment by credit ca The Director is hereb overpayment, to Depo                                                                                                                                                                | rd. Form PTO-2038                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | is attache                                         | ed.<br>uired fee(s), any de                                                                      |                                                                                                                                       |
| • • •                                                                                                               | s SMALL ENTITY state                                                                                                                                                            | us. See 37 CFR 1.27.                                                                                          | ☐ b. Applicant is no lor                                                                                                                                                                                                                                                       | nger claiming SMAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LL ENTIT                                           | Y status. See 37 CI                                                                              |                                                                                                                                       |
| NOTE: The Issue Fee an<br>interest as shown by the                                                                  | d Publication Fee (if req<br>records of the United Sta                                                                                                                          | uired) will not be accepte<br>ates Patent and Trademark                                                       | ed from anyone other than k Office.                                                                                                                                                                                                                                            | the applicant; a regi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | stered atto                                        | mey or agent; or th                                                                              | e assignee or other party in                                                                                                          |
| Authorized Signature                                                                                                |                                                                                                                                                                                 |                                                                                                               |                                                                                                                                                                                                                                                                                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                                                                                  |                                                                                                                                       |
| Typed or printed nam                                                                                                | e                                                                                                                                                                               |                                                                                                               |                                                                                                                                                                                                                                                                                | Registration N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | lo                                                 |                                                                                                  |                                                                                                                                       |
| This collection of inform<br>an application. Confiden<br>submitting the complete<br>this form and/or suggest        | nation is required by 37 (<br>tiality is governed by 35<br>d application form to the<br>ions for reducing 1450 Policy                                                           | CFR 1.311. The informati<br>5 U.S.C. 122 and 37 CFR<br>e USPTO. Time will var<br>urden, should be sent to the | ion is required to obtain or 1.14. This collection is es y depending upon the inflice COMPLETED FORMS T                                                                                                                                                                        | retain a benefit by t<br>stimated to take 12 i<br>vidual case. Any cover, U.S. Patent and<br>O THIS ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | he public minutes to omments of Trademarks, SEND T | which is to file (and<br>complete, including<br>in the amount of tink<br>k Office, U.S. Departo: | by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, |

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| APPLICATION NO.                       | FILING DATE               | FIRST NAMED INVENTOR            | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |
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| 10/711,536                            | 09/24/2004 Min-Chih Hsuan |                                 | 13301-US-PA         | 5535             |  |
| 31561 75                              | 90 10/03/2006             | EXAMINER                        |                     |                  |  |
| IIANO CHYUN                           | INTELLECTUAL PRO          | HARRISON, MONICA D              |                     |                  |  |
| 7 FLOOR-1, NO.                        |                           | ART UNIT                        | PAPER NUMBER        |                  |  |
| ROOSEVELT RO<br>TAIPEI, 100<br>TAIWAN | AD, SECTION 2             | 2813<br>DATE MAILED: 10/03/2000 | 6                   |                  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 101 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 101 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.